



F-1 Optional Practical Training (OPT) Recommendation Request

A. This section is to be completed by the student:

Family Name _____

First Name _____

940-_____-_____

Email _____@students.clark.edu

Major _____

Clark College Completion Date _____

Month/Day/Year

I am requesting a recommendation for post-completion OPT
(full-time work in my major, following the completion of degree.)

By signing below, I understand the following:

- OPT is limited to employment in my major.
- I must notify International Programs within 10 days of any change in my employment, address, or name.
- OPT must be at least 20 hours per week of paid work or volunteer activity in my major.
- If I am unemployed for 90 days or more, my OPT will no longer be valid, and I will need to leave the U.S.

Student's Signature _____

Date _____

B. This section is to be completed by the Academic Advisor

The above-named student is requesting a recommendation from the International Programs office for work permission in his/her major following the completion of a program at Clark College. In order to issue a recommendation, we are required by the U.S. government to obtain the following information. By completing and signing the information below, you are verifying this information is accurate to the best of your knowledge.

The above-named student is expected to complete his/her degree requirements by _____
month/day/year

The student is in good academic standing and is making normal progress toward degree completion.

Advisor's Name _____ Date _____

Advisor's Signature _____ Email _____@clark.edu